

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		2		1		
3						
4	1		1			
5		1		1		
6		1		1		
7	1		1			
8		1		1		
9		2		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14	1		1			
15		1		1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21	1		1			
22		1		1		
23		2		1		
24		2		1		
25	1		1			
26		1		1		
27		2		1		
28				1		
29				1		
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42				1		
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49						
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		35		4		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						